

J1057 U.S. PTO  
11/29/01

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

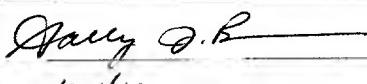
Total Number of Pages in This Submission **33**

Application Number	
Filing Date	
First Named Inventor	Timothy J. Whited et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	14105

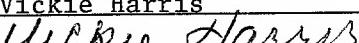
**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	<b>Remarks</b>	

**New Specification****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Autoliv ASP, Inc.
Signature	
Date	11/28/01

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **11-28-01**

Typed or printed name	Vickie Harris	Date	11-28-01
Signature			

Burden Hour Statement: This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 978.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Timothy J. Whited et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	14105

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 500532  
Deposit Account Name Autoliv ASP, Inc.

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) (\$ 740.00)

## 2. EXTRA CLAIM FEES

Total Claims	31	-20** =	11	X	18	=	198
Independent Claims	3	-3** =		X		=	
Multiple Dependent							

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$198.00)

\*\*or number previously paid, if greater; For Reissues, see above

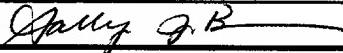
## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Processing fee under 37 CFR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$40.00)

Complete if applicable

Name (Print/Type)	Sally J. Brown	Registration No. (Attorney/Agent)	37,788	Telephone	(801) 625-4934
Signature				Date	11/28/01

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